

RISKING OUR LEGITIMACY

Sir, I write in response to Dr McKeever.¹ 1) We are in agreement that during the last epoch of human development (from farming to civilisation) malocclusion, or deviation in dental arrangement, has changed from rare to endemic and this is largely due to the environment. 2) Dr McKeever also suggests that any debate would have to consider a more complex aetiology pointing out that open bite and Class III malocclusions predated this period and that we should align our terminology. To which I would respond that the helicoidal wear pattern associated with the heavy levels of attrition would largely explain these malocclusions and terminology is a detail that could easily be resolved.

He raises some good points but it is only through engagement in debate and scientific exchange that it can be possible to find the truth.

However esoteric, or dull, we must remember that currently 30% of the population are treated with inter-ventive orthodontic therapy including major surgery, while it is openly acknowledged the cause is unknown for most patients. There is solid (if not overwhelming) evidence supporting an environmental influence and little suggesting a genetic aetiology (despite gargantuan efforts) from which it may be concluded that current orthodontic treatment, which is based on the genetic assumption, is not evidence-based. It would be unethical to call for more publications when adequate evidence has already been published; it is time for a debate!

Three and a half years ago I made a challenge to the BOS for a debate to test

the proposal 'Malocclusion is caused by the environment and modified by the genes'. I have alerted the GDC, the CHRE, the All Party Dental Committee and the Minister of Health to my concerns; all have disclaimed responsibility and suggested that the only route is through the BOS.

I understand the reluctance of any established organisation to engage in a debate that it could lose but this is our duty: to engage and to search for the truth, whatever and wherever that leads. If we chose not to engage in this debate we risk our legitimacy and the very foundations of our self-governing profession.

The importance of this issue cannot be overstated and as such may I ask the BOS to please give a clear and open response in this journal, as is normal scientific protocol, as to whether they will engage, and if not, why they feel that a debate should not be held or what the alternative should be.

M. Mew, by email

1. McKeever A. Genetics versus environment in the aetiology of malocclusion. *Br Dent J* 2012; 212: 527-528.

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HANGING ON THE TOOTH

Sir, tooth wear due to abrasion has been attributed to detrimental habits including pipe smoking, pencil chewing, nail biting and the habit of holding various objects between teeth. In a 50-year-old male patient that recently visited our dental clinic, severe abrasion was seen particularly on both the lower central incisors (Fig. 1). Upon enquiring, the patient was embarrassed to confess that he possessed a life-long habit of using his lower teeth to hook clothes hangers